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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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EQUIPMENT FOR NURSING PROCEDURES

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When so much has been written of standardization of hospital equipment, it is a disheartening fact to find that relatively few of our hospitals have achieved anything like satisfactory equipment for nursing. This is not only true of the small struggling hospital, but it is very often true of hospitals that have very complete operating room suites, X-ray, hydrotherapeutic, electrotherapeutic and laboratory departments. It is not usually due to any fault of the community or of the Boards of Managers of such hospitals, but to the lack of good housekeeping, inventories, and accounting. There is rarely any inadequacy in kitchen equipment, nor in the realization that such equipment should be accounted for and replaced whenever necessary. Everybody understands that the hospital chef like every other cook much have the proper equipment and utensils to use if he is to render satisfactory service. Kitchens have been more or less standardized by hotels and numerous other institutions and hospitals have taken advantage of the experience gained by others. Considerable thought has been given to the location, lighting and ventilation of kitchens, serving rooms and pantries and to their equipment for the preparation and serving of food.

What about the location of utility rooms, linen closets and treatment rooms? Are they not usually inconveniently located without much thought having been given to economy of effort? Are they not of equal importance in the nursing care of our patients? Is this not the time to give careful consideration to the conservation of effort of both nurses and employees? Unfortunately there has been no standardization of either nursing procedures nor of the equipment necessary for the nursing care of hospital patients. For the most part the purchase and installation of the equipment for nursing has been left to individual superintendents of schools of nursing, many of whom undertake such executive work without the preparation which comes from acting as an assistant superintendent in schools recognized for a high standard of nursing. How can we expect good nursing if reasonable supervision and equipment are lacking?

To illustrate,—When acting as inspector of nurse training schools of New York State, I found it was the exception rather than

the rule to find face basins, surgical basins, stupe basins, dusting basins, etc., divided into sets and marked for the purpose for which they were to be used. In hospital after hospital I found, when I asked to be shown the basins used for morning and evening care of patients, that I would be conducted to the lavatory and be shown a group of basins numbering from two to three or perhaps a dozen to fifteen differing in size, shape and color, and when I asked for surgical basins, the supervising nurse would look embarrassed and then extract several basins from this group. When the dust basins were asked for, they were very rarely found at all. It was my experience to find that in many hospitals the same basin would successively be used for bathing patients, for stupes, for lavage, for enemas or for dusting as the need might be. This was not always because there was necessity for lack of equipment, but because there was poor organization, poor housekeeping and consequently questionable nursing.

If a grey colored basin be always used for dusting and one be provided for each student on the ward and all be hung up with dusters in a maid's closet or some other convenient place away from all other basins, it has been my experience that the students will use them and not the other basins for dusting. If the stupe basins are hung near the gas or electric stoves it will be found more convenient to use them legitimately than to ruin the face basins or surgical basins by placing them on stoves. If the face basins are required to be kept in the linen closet they are likely to be put away clean and dry and are not apt to be used for other purposes.

The possibility of carrying infection from patient to patient by indiscriminate use of basins, as well as the extravagance in destroying good basins by allowing them to be used for one purpose after the other,—for boiling stupes, instruments, catheters or anything else,—is too great to be over looked. What is true of basins is equally true of other equipment. Only within the past year I found typhoid dishes being boiled in a foot tub in a lavatory in a hospital that had an exceptionally fine system for sterilization of dishes, the reason given being that they did not wish to contaminate the other dishes by boiling typhoid dishes with them. How many of our pantries have a really adequate system for sterilization of dishes? It was always a sourse of astonishment to me to find how many hospitals made no provision for cleaning and boiling soiled instruments other than the pantry sink where dishes were washed and on the pantry stove where food was prepared.

In how many hospitals will we find provision in utility rooms for filling ice caps for typhoid patients? Are they not frequently taken to the pantry and filled? Should such things be taken into the pantry

where milk and other food is served when we are taught that typhoid is an intestinal infection and the infection taken in food and water?

I do not believe that after the initial expense that the upkeep of good standard equipment is greater than the haphazard buying of whatever happens to be most inexpensive at the time. Utensils plainly marked for the ward in which they are to be used will reduce indiscriminate borrowing to a minimum. A volunteer worker can do all the marking for the hospital once weekly on the morning for replacement of equipment and supplies. It is not easy for a basin marked with black paint "M. S. W." to stray far from the Men's Surgical Ward without detection and if in addition it has marked on it the word "Stupe", "Enema", or "Medicine Glasses Only", an additional safeguard is given, and, what is of the greatest importance, each basin by being limited to the use for which it was purchased will be at hand for this purpose when it is needed.

It is neither intelligent nor fair to teach the use of ideal equipment in a classroom and fail to provide it on wards. If the classroom teaching in practical nursing is not absolutely relevent to the ward work it is worse than useless, as we all know that student nurses must be held rigidly to their teaching if our patients are to be well cared for and in the end if our students are to become efficient graduate nurses.

A further help in good nursing will be found in providing an adequate supply of equipment for patients on "precaution." If a ward of twenty beds is standardized with an equipment of six bed pans for instance, and one is isolated for a typhoid case, another for a specific case and another for some patient under observation pending diagnosis, it can readily be seen that half of the equipment may be tied up to the great inconvenience of the other seventeen patients. As isolation equipment needs more frequent boiling it is economy to use the older utensils and have them plainly marked "isolation only" and kept separate from other equipment.

Curiously enough, the pavilion for private patients is one of the most deficiently equipped of all the hospital departments and in consequence we hear much of the transgressions of the graduate special nurse. Why should the graduate nurse on special duty be such a disorganizing influence in the hospital? I believe it to be largely because no thought has been given to her in the general scheme of building and equipment of most of our pavilions for private patients. There is seldom any legitimate place for her to dress and undress; there is no place for her to go other than the chart office when her patient has guests and there are seldom any dishes or utensils for her to use other than those in general use by the students.

A central dressing and locker room should be provided for graduate nurses so that they need not be humiliated by being obliged to dress and undress in the rooms of patients, but Solomon himself would need to be resurrected if we are to find a suitable resting place for the special nurse when she must be away from her patient. The noisy chart room (where nurses congregate to write charts and where internes and attending staff go to write orders and where, incidentally there will be more or less irrelevant conversation) has been brought to our attention by more than one patient or her friends. One thing, however, that may obtain in every room is complete equipment for the patient with each piece marked for the room. If when room No. 2 is made ready for occupancy it contains a bed pan, with cover, back wash and talcum, a small dressing basin, an emesis basin and rubber, each marked No. 2, it will help considerably to eliminate the possibility of borrowing these utensils from other departments. If, in addition, each room has a thermos bottle, the patient will always have cold water near at hand. I have found it very practical to keep in each room a cup, saucer, plate, spoon and drinking glass. The china is a distinct pattern and different from that used on food trays and each piece has the number of the room painted on the bottom. In this way it is never necessary to deplete food trays of the china, glass or silver and a better count can be kept. If each room has two bath sheets or blankets and an extra dark colored blanket for use of the patient when convalescing, it is very improbable that the expensive white bed blankets will be used illegitimately. There is no use berating graduate nurses for misusing utensils or for surreptitiously borrowing if proper equipment is not provided for them to care for their patients. It surely must be as great a handicap for them to be obliged to search for each utensil needed as it is for the hospital to have to hunt for such utensils after she has used them.

However, no matter how complete the equipment is, it will melt away as hail in the summer unless systematically inventoried. Once weekly, we find to be not too often for this purpose. Equipment must be checked up regularly, the same day each week by the principal of the school and the supervisor of the department. Every inventory should be checked and dated in the ward manual and replacement made where indicated and breakage accounted for. Where this is regularly done and a loose leaf manual kept showing the ward equipment, the inventories and replacement of breakage, I have found that there is little difficulty in accounting for each individual piece of equipment, in keeping it where it belongs and in having it used for the purpose for which it was originally intended.